STATEMENT OF ORGANIZATION		OFFICE USE ONLY
Name and Address of Committee	2. Date of this Statement	Par
Louisiana Community Health	1/30/2015	PAC S/O
8583 Highway 499	Estimated Membership	2/4
Winnfield, LA 71483	15-20	
	4. Amended Statement?	
Check If: New Committee	/	#892711 #1005
	YesNo	<u></u>
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)		
a. Name b. Position  Deano Thornton  Chairmana	c. <u>Address</u> 8583 Highway 499 Winnfield, LA 71483	
Chairperson	1135 Andries Street Many, LA 71449	
Beth Chumley Treasurer	1133 Andries Stree	t Marry, LA / 1443
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)		
a. <u>Name</u> b. <u>Address</u>		c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)		
a. Name b. Address		
Sabine State Bank & 5917 U.S.167		
Trust Co. Winnfield, LA 71483		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: Principal Campaign Committee Subsidiary Committee		
b. Name of Candidate		c. Office Sought by the Candidate
		3
a. Name of Person Preparing Report Mary-Patricia Wray		8 7
		1 C
b. Daytime Telephone 225-395-9961		2
10. WE HEREBY CERTIFY that the information contained in this STATEM and belief.	IENT OF ORGANIZATION is true an	d correct to the best of our knowledge, information
This 30h day of Jakanary . 2016	<u>)</u> .	3 0
777	210	5-1101 91.52
Signature of Committee Chairperson		ime Telephone Number
Bath Chumber	3/	8-470-1207
Signature of Committee Treasurer, if any		time Telephone Number